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Country programme document

The Islamic Republic of the Gambia

Summary

The country programme document (CPD) for the Islamic Republic of the Gambia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $8,915,000 from regular resources, subject to the availability of funds, and $14,740,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2017 to 2021.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2016.

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Programme rationale

1. The Islamic Republic of the Gambia has made substantial progress for children in immunization (above 90 per cent coverage for all major antigens), basic education (gross primary school enrolment ratio of 101 per cent for boys and girls) and water provision (90 per cent of the population use an improved water source for drinking and only 2 per cent practise open defection). According to the 2013 Demographic and Health Survey (DHS), the under-five mortality rate decreased from 109 to 54 per 1,000 live births between 2010 and 2013, a decline of 49 per cent. The President recently banned female genital mutilation/cutting (FGM/C), spurring hopes for renewed efforts to end this harmful traditional practice, which is estimated to affect some three fourths of adult women.

2. Nonetheless, Gambian children still face major inequities. They live in a small, densely populated low-income country with one of the fastest population growth rates in the world (3.3 per cent per year). In 2013, the population was estimated to be 1.9 million (58 per cent urban/42 per cent rural), with 42 per cent under the age of 15 years. According to the 2015 Human Development Index, 57 per cent of the population are multidimensionally poor. The 2010 Integrated Household Survey found the rate of income poverty to be 48 per cent nationally, with huge disparities between urban and rural areas (70 per cent of the rural population living on less than $1.25 a day, compared with 33 per cent of the urban population). There is limited social security and social insurance, which primarily reaches people in formal employment, thus excluding most women and older children.

3. The Gambia is highly susceptible to such environmental shocks as floods and droughts. Erratic rainfall has led to crop failure and food insecurity, especially among rural communities. This is further compounded by high food prices and an unstable currency, with the urban poor suffering the most. The country is prone to outbreaks of such diseases as meningitis and is threatened by Ebola virus disease and Lassa fever.

4. The health sector is weak, with a deteriorating physical infrastructure, lack of supplies and equipment, shortages of adequately trained health personnel, high attrition rates and an inadequate referral system. Both the 2015 situation analysis and the health sector bottleneck analysis found that primary health care (PHC) is weak and inadequately funded. According to 2014 data from the Child Health Epidemiology Reference Group (CHERG), neonatal mortality accounts for 40 per cent of all deaths among children under five years of age.

5. The Gambia is part of the Scaling Up Nutrition (SUN) movement, but malnutrition among children under the age of five years has not changed over the past 15 years. The 2015 SMART survey found that 22.9 per cent of children were stunted, 10.3 per cent wasted, 2.2 per cent severely wasted and 21.6 per cent underweight. These findings were worse than those reported by the Multiple Indicator Cluster Survey (MICS) in 2000 (19.1 per cent for stunting, 8.2 per cent for wasting and 17.1 per cent for underweight).

6. The 2013 DHS revealed low rates of sanitation coverage (only 40 per cent use an improved sanitation facility that is not shared with other households) and handwashing with soap (10 per cent), as well as poor water, sanitation and hygiene (WASH) services in institutions, especially in health facilities and madrasas. Diarrhoea, which is linked to poor sanitation and hygiene practices, accounts for 7 per cent of under-five mortality (CHERG 2014). Poor hygiene practices contribute to high malnutrition and neonatal infection.

7. The key bottlenecks that have been identified for child survival and development are the weak health and referral systems, low community engagement and participation,

inappropriate child feeding and caring practices and inadequate capacities of the health, nutrition and WASH systems.

8. Education is one of the strongest sectors in the Gambia, with many active partners and a strong financial commitment by the Government. However, there are important differences in access to, and demand for, education depending on location and family circumstances. An estimated 26 per cent of school-aged children are out of school. Poor, rural children (boys and girls) leave school before completing six years of basic education, a significant minority of children in some regions have never been to school and urban children have greater access to preschool education, putting rural children at a disadvantage in terms of the transition to primary school. Only 45 per cent of children have access to early childhood development (ECD) services.

9. The major discriminatory factors for deprivation identified in the 2010 country status report on education were: poverty (children from low-income families are less likely to attend or stay in school); gender (girls are more likely to leave school for marriage or to take care of younger siblings); disability (children with disabilities are less likely to attend school due to the parental belief that they have less capacity to learn; school facilities are inaccessible; and curricula are not adapted to special needs); and geographic location (children in rural areas are less likely to benefit from secondary education).

10. In view of this analysis and the comparative advantage compared with other actors in the sector, UNICEF will focus on preschool education and the promotion of inclusive education (for girls, children with disabilities and children attending madrassas and koranic centres, known as "daras", among other disadvantaged groups).

11. A 2013 assessment of child protection revealed a range of issues: a weak child protection system; a high prevalence of violence against children, including physical and sexual abuse in homes, schools, institutions and communities, and corporal punishment; sexual harassment and the abuse of children, especially adolescent girls, in schools, communities and the tourism sector; high rates of child marriage and FGM/C; and local norms and values, including a culture of silence, that challenge the consistency of child protection services. According to the situation analysis, 72 per cent of children under five years of age have been registered, although incentives to register births are limited because a birth certificate is not required for school or other key child services. Additionally, birth certificates are issued only at six points in the country and must be collected in person.

12. Identified bottlenecks include: limited funding; a lack of technical and institutional capacity; limited coordination among child protection institutions; limited collection, analysis, management and use of data, monitoring and evaluation; limited outreach at the regional, district and community levels; weak implementation and enforcement of international and domestic legislation and policies; limited awareness of stakeholders, especially at the district and community levels, about child protection legislation; traditional and cultural beliefs and practices; and religious and cultural sensitivities.

13. The situation analysis found that both the Government and United Nations partners developed only limited linkages between different service areas, but it is clear that children face interlinked, multiple deprivations. Nutritional deficiencies affect health and education outcomes; social protection has strong links with poverty, which is an underlying cause of health, education and child protection deficiencies; and the conceptual differences between customary, sharia and national laws, and the application of these different legal systems, leave both communities and enforcers of legal systems (i.e., police and social welfare officers, traditional and religious leaders) in an ambiguous area with regard to child rights.

14. Under the previous country programme, UNICEF focused on the Upper and Central River regions and two districts from the North Bank region, all considered to have the

greatest inequities. However, the situation analysis found that rural-to-urban migration has been significant, with over 58 per cent of the population now living in urban areas. Given the country's small geographic area and population size, widespread poverty and limited human resource capacities, the country programme will focus on the most deprived areas and population groups, based on evidence and in consultation with partners.

15. Another key lesson is that with relatively few donors present in the country, UNICEF and the United Nations system have an important role to play in building the capacities of the Government. UNICEF will continue to promote such joint advocacy and programming initiatives as the United Nations Population Fund (UNFPA)/UNICEF programme on FGM/C and child marriage and other partnerships being explored around nutrition, health and social protection. UNICEF will continue to seek innovative ways of channelling available funding, using European Union (EU) nutrition funds, for example, to establish a cash transfer programme to allow families with young children to purchase more nutritious foods. As part of this initiative, UNICEF will continue to explore potential cooperation with the World Food Programme (WFP).

Programme priorities and partnerships

16. The Government of the Gambia is finalizing its new National Development Plan, 2017-2022, the successor to the Program for Accelerated Growth and Employment, 2012-2015. The United Nations country team (UNCT) has fully supported this process and developed the draft United Nations Development Assistance Framework (UNDAF) in tandem with the new plan, which coincides with the last years of the Government's Vision 2020 strategic plan. The draft UNDAF will mainstream the international development agenda, guided by the Sustainable Development Goals and the national development priorities outlined in Vision 2020 and the new National Development Plan. The country programme is also guided by the concluding observations of the Committee on the Rights of the Child on the combined second and third periodic reports of the Gambia. A gender lens will be applied throughout all programming, with a special focus on child marriage and girls' access to education, in line with the UNICEF Gender Action Plan, 2014-2017.

17. The draft UNDAF has three priority areas: (a) governance, economic management and human rights; (b) human capital development; and (c) sustainable agriculture, natural resources and environmental management. Although the Gambia is not yet a "Delivering as one" country, the UNCT has started to implement some aspects of it through, for example, the Joint Programming Group and joint field monitoring.

Child survival and development

18. In line with the UNDAF outcomes for health, WASH, nutrition and social inclusion, this component will contribute to strengthening the health, WASH and nutrition systems through capacity-building and service delivery to provide quality and inclusive services for girls, boys and women, particularly the excluded and most vulnerable.

19. The child survival and development programme has proposed outcomes for health, nutrition and WASH; it addresses both upstream policy advocacy and technical support and downstream community-based systems and services, emphasizing in particular strengthened intersectoral collaboration and coordination at the community level.

20. The programme will promote integrated community development that includes health, nutrition, WASH and early learning for children aged 0 to 6 years. It will work with the child protection sector on mitigating early marriage and reducing girls' school dropout

by supporting improved adolescent health and hygiene practices, including through the availability of WASH facilities in schools. It will work closely with the inclusive education component on making community services accessible to children with disabilities. The programme will include emergency preparedness and response and resilience-building in its planning and capacity development with partners. The programme will be part of a proposed "information communication technology for development" initiative, using geographic information system mapping to generate real-time data on community services.

21. Regarding health, if Gambian children and women have access to and utilize improved and equitable quality maternal and child health services and learn and practise healthy behaviours, children will benefit from immunization and other preventive services, childhood diseases will be recognized and treated appropriately and maternal, neonatal and child mortality will be reduced.

22. Within the scope of revitalizing PHC and strengthening high-impact health and nutrition interventions at the community level, the programme will support: the training of health workers to deliver effective services (immunization, emergency maternal, neonatal, infant and child health; the integrated management of neonatal and childhood illness; and early infant diagnosis); the strengthening of supply chain management systems; vitamin A supplementation; the procurement of essential drugs; mass vaccination campaigns; the introduction of new vaccines; and the elimination of mother-to-child transmission of HIV. Social behaviour change communication will be employed to engage communities in promoting care practices, especially for newborns, and in promoting immunization activities. UNICEF will facilitate the Government's purchase of vaccines through procurement services.

23. Regarding nutrition, if all children, adolescent girls and women, especially the most vulnerable, realize their rights and utilize equitable and quality nutrition services and nutrition and care practices, the rates of stunting, wasting and micronutrient deficiencies will decline, especially among children in the first 1,000 days of life; children with severe acute malnutrition will be treated appropriately; and under-five mortality will be reduced.

24. The child survival and development programme will support capacity development, policy dialogue and advocacy to promote increased financing and the improved coordination of nutrition interventions by the Government. At the community level, the programme will support: service delivery; supply chain improvement; the training of staff in social behaviour change communication to address socio-cultural barriers, engage caregivers and families regarding their rights and their duty to ensure adequate nutrition for their children and to prevent malnutrition; micronutrient supplementation; the integrated management of acute malnutrition; and the strengthening of evidence generation and information management. UNICEF will partner with WFP to promote school meals and nutrition education activities.

25. Joint United Nations efforts on nutrition will include support for the SUN initiative through the Renewed Efforts Against Child Hunger and Undernutrition and Global Alliance for Resilience initiatives. The main vehicle for inter-agency cooperation is the joint United Nations working group on nutrition, chaired by UNICEF, which also includes the Food and Agricultural Organization of the United Nations (FAO) and WFP.

26. Regarding WASH, if girls, boys and women have improved and equitable access to and utilize safe drinking water and sanitation services and practise improved hygiene behaviours, the overall rate of WASH coverage in communities and institutions will increase and childhood mortality and malnutrition rates due to diarrhoea and related diseases will decrease.

27. The programme will focus on policy dialogue and advocacy, evidence generation and capacity development to strengthen the legislative, financing and policy environment for WASH, including coordination; the strengthening of WASH in institutions (schools and health-care facilities, with a special focus on girls); and service delivery. At the community level, the programme will promote behavioural change to influence social norms around safe water, handling and safety practices and hygiene and sanitation; community engagement to create demand through the Community Approaches to Total Sanitation (CATS) initiative; and government and civil society outreach efforts and media campaigns. Efforts will target the most vulnerable populations, especially the urban poor.

28. UNICEF will support capacity-building in strategic planning, supply chain management, financing, data collection, evidence generation and research for technical staff of the Ministry of Health and Social Welfare, National Nutrition Agency and Department of Water Resources. Mechanisms for the coordination and implementation of health, WASH and nutrition interventions will be strengthened at the central and decentralized levels, e.g., through the Health Compact, Nutrition Technical Advisory Committee, CATS Taskforce, WASH multisectoral working group and Immunization Inter-agency Coordinating Committee. UNICEF will help to strengthen relevant databases in support of equity-focused policies, efficient resource allocations and sustained investments in children and women.

Protection and inclusion of children

29. The vision for this programme is to ensure the rights of all children in the Gambia to social protection and protection from violence, abuse and exploitation, including through an inclusive education system that provides a protective environment for all children and their right to inclusive and comprehensive early childhood education. This strategy is derived from the national child protection strategy, national social protection policy and the UNDAF outcomes for education and social protection.

30. UNICEF will contribute to strengthening the child protection and social protection systems to reduce violence against children and harmful traditional practices; making the education system accessible to all children, especially for children aged 0 to 6 years and those excluded from education, especially girls and children with special learning needs; and supporting the implementation of the new social protection policy.

31. In merging previously separate programme components for education and child protection, employing a more strategic focus in education and supporting the new social protection policy, the country programme emphasizes issues of protection and inclusion, particularly in the context of giving all children access to early learning opportunities, making the school a protective and inclusive environment for all children and ensuring that a minimum level of social protection is available to the poorest and most vulnerable children. Peacebuilding education will be integrated into the programme, given the fragility and exposure of the West Africa region to civil unrest and extremist groups.

32. The programme will address socioeconomic vulnerabilities and issues of gender equality by enhancing social protection (strengthening a fragmented, underfunded system by building cohesion, providing policy guidance and investing in target groups); decreasing the incidence of traditional practices harmful to women and girls as well as gender-based violence; and by making efforts to ensure that adolescent girls attend school. It will promote and protect the rights of vulnerable adolescents at risk of child marriage, sexual abuse and child sex tourism; and explore its links to child trafficking. Child protection will be integrated into health services through existing structures (mothers' clubs, schools and health facilities) to prevent, respond to, report on and monitor violence against children,

and by means of collaboration with the education sector to eliminate violence and abuse against children in schools, including daras, and children in need of humanitarian action. Social protection will play a pivotal cross-cutting role by providing social and income support for the most vulnerable children and women. The programme will address gender-based violence in schools as an entry point to breaking the cycle of domestic gender-based violence and violence in society in general.

33. The programme will work closely with the child survival and development programme at the community level to ensure that children receive early childhood education as part of an integrated approach to ECD that also includes health, nutrition, protection and WASH services. Emergency preparedness will be integrated into the child protection and education systems to ensure that children are protected from exploitation and harm and are able to continue their education during crises.

34. The programme has proposed outcomes for child protection, early childhood and inclusive education and social protection. Each outcome addresses both upstream policy advocacy and downstream community-based systems and services, and emphasizes strengthened intersectoral coordination at the community level.

35. Regarding child protection, if the child protection system is equipped to equitably prevent and respond to violence against and the abuse and exploitation of children, the Gambia will have a strong legal and policy framework to eliminate violations of children's rights and to support communities and families in abandoning violence and harmful traditional practices as well as to provide services at the national level to respond to violence against children.

36. The programme will employ policy advocacy and capacity development in its work with the Department of Social Welfare (DSW), the Ministry of Justice, the judiciary and other partners to support the passage and implementation of laws and policies. It will employ targeted service delivery in supporting non-governmental organizations (NGOs) and vulnerable populations. At the community level, the programme will employ social and behavioural change communication in working with NGOs and local communities to reduce the incidence of violence against children and harmful traditional practices and to increase birth registration. It will explore linkages with parenting education under the preschool/early childhood education component. UNICEF will continue to work with UNFPA in the multi-country joint programme on FGM/C and child marriage, and pursue South-South cooperation with Senegal in combating FGM/C.

37. DSW is legally mandated by the Children's Act 2005 to be the lead agency for child protection. UNICEF will work with the following bodies: (a) the Ministry of Justice, to strengthen the legal framework regarding the child justice system; (b) the judiciary, on increasing access to child-friendly justice services, including support for the development of accountability feedback systems; (c) the Ministry of Interior, regarding children in contact or conflict with the law; and (d) the Women's Bureau, on policy work to reduce gender-based violence and harmful traditional practices. UNICEF will work with NGOs on (a) combating harmful traditional practices, violence against children and child sex tourism; (b) supporting orphans and vulnerable children; and (c) engaging communities and raising awareness on key child protection risks.

38. Regarding inclusive education, if the Gambia has an inclusive education system that provides comprehensive early childhood education to all children, in conjunction with health, nutrition and protection interventions, and ensures the rights of all children, particularly those excluded from schooling and/or in need of special protection, to an appropriate quality education, children in the Gambia will receive early stimulation and learning, combined with nutrition and health services, that will prepare them to be

developmentally ready for primary school, and out-of-school children will receive appropriate quality education that meets their specific needs, including improved learning outcomes and a decreased risk of dropping out of school. The ECD axis will focus on policy advocacy and evidence generation in conjunction with government officials and on capacity development through the training of community leaders, health centre staff, parents and other caregivers about the importance of early stimulation and learning for young children. An ECD learning assessment will be the basis for future programming. The inclusive education axis will focus on policy advocacy and evidence generation; data collection on out-of-school children; targeted service delivery and capacity development; and social behaviour change communication for parents, teachers and children on such issues as school-related gender-based violence, hygiene, safety and protection in learning spaces and increased awareness of traditional, cultural and religious misconceptions about the education of girls and children with disabilities. A parental education survey is planned as part of these efforts.

39. Regarding social protection, if an inclusive, integrated national social protection system reaches the most vulnerable children, they will be better protected from the effects of extreme poverty. Using policy advocacy, evidence generation, knowledge management, capacity-building and awareness-raising, UNICEF will partner with government and non-governmental institutions and international think tanks to pilot and gradually expand social protection programmes and mobilize domestic and external resources.

Programme effectiveness

40. This component aims to ensure that the country programme is managed efficiently, that its programme components are well coordinated, and that cross-sectoral interventions for gender, public policy advocacy, emergency preparedness and response, social behaviour change communication and monitoring and evaluation are integrated into the country programme. Achieving the programmatic outcomes will require strong coordination among different programme areas, especially because of the emphasis on the downstream, community-level coordination of services, and an integrated and systemic approach to addressing social cultural barriers and norms across the various programmes.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child survival and development	3 063	6 252	9 315
Protection and inclusion of children	2 625	8 313	10 938
Programme effectiveness	3 227	175	3 402
Total	**8 915**	**14 740**	**23 655**

Programme and risk management

41. The UNCT has established working groups aligned with the three UNDAF outcomes (UNICEF chairs the group on human capital development). The UNCT Programme

Coordination Group, chaired by UNICEF, meets monthly to monitor progress and undertakes periodic joint field monitoring visits.

42. The main external risks to the country programme are related to the global economy, climate shifts, possible disease outbreaks, migration and potential political instability. Because the Gambia is affected by erratic rainfall and drought, it relies heavily on imported food. Rising commodity prices could have a serious impact on a child population that is already affected by malnutrition. In the case of a serious food crisis, the programme would accelerate services to provide therapeutic foods to combat severe acute malnutrition.

43. A disease outbreak or continued terrorist attacks in the subregion could have a serious destabilizing effect on the economy of the Gambia. The outbreak of Ebola virus disease in the region significantly reduced the number of tourists visiting the country, and the economy still has not fully recovered. If a disease outbreak were to occur in the Gambia or in neighbouring countries, UNICEF would collaborate with the World Health Organization, the Government and other partners to accelerate health and nutrition services to protect the most vulnerable children. In the case of political or humanitarian crises, UNICEF would reallocate resources and redirect programming as required, in particular to address children's vulnerability to a range of protection risks.

44. Internal migration is increasing in the Gambia, as families leave rural areas affected by poverty and drought for urban areas. The programme is addressing these population shifts by focusing on the country as a whole, using data and feedback from partners as the criteria for intervention.

45. UNICEF will promote the diversification of partnerships, especially with national and local groups that are critical allies within a fragmented civil society. UNICEF will provide monitoring and evaluation training to local NGOs to generate better data and to engage with small local agencies and community-based organizations.

46. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

47. Monitoring and evaluation of the country programme will be based on the results and resources framework, the integrated monitoring, evaluation and research plan and the costed evaluation plan. Studies will be conducted on such issues as child marriage, child sex tourism and child poverty to fill knowledge gaps and inform programmes. The EU-supported cash transfer programme will be evaluated to measure its effectiveness in reducing child malnutrition and to support advocacy for the establishment of government-funded cash transfer programmes.

48. The Ministry of Planning and Policy is responsible for the overall coordination of the country programme, with key line ministries, departments and agencies implementing activities agreed in multiyear workplans. At mid- and end-year, the programme will be reviewed in line with the indicators and performance targets identified in the results frameworks of the UNDAF and CPD. The reviews will be reinforced with quarterly joint field monitoring visits with partners to assess progress on results. A midterm review of the country programme will assess the UNICEF contribution to the national development

agenda. The data and knowledge produced will be used to determine the overall progress towards country programme results.

49. UNICEF will continue to support such data collection initiatives as the DHS, MICS and the SMART survey and to develop national capacities on sector management information systems, especially the introduction of new indicators and the generation of disaggregated data.

Annex

Results and resources framework

The Islamic Republic of the Gambia - UNICEF country programme of cooperation, 2017-2021

Convention on the Rights of the Child: articles 1-41
National priorities: National Development Plan under development

UNDAF outcomes involving UNICEF:

1.2 Institutional reforms implemented to ensure the rule of law and guarantee people their human rights, such as access to justice, gender equality, basic social services and democratic participation in decision-making processes

Indicator: governance indices: rate of compliance of the Gambia with its reporting obligations under ratified human rights treaties

2.1 Increased access to inclusive and equitable quality and relevant education for all

Indicators: literacy rate: percentage of gross enrolment rate at the basic and secondary education levels; completion rate of basic and secondary education; proportion of pupils within 2 km (basic) and 4 km (secondary) radius of school facilities

2.2 Increased equitable access to quality health care for all

Indicators: neonatal mortality rate; maternal mortality rate; availability of a national multisectoral action policy and plan to improve the management of and reduce non-communicable diseases and their risk factors; contraceptive prevalence rate

2.3 Increased access to equitable water, sanitation and hygiene for all.

Indicators: proportion of population using improved water sources for drinking; proportion of population using improved sanitation facilities; proportion of population practising open defecation

2.4 Increased equitable and quality access to nutrition-specific and -sensitive services

Indicators: percentage of children under 5 years of age stunted; percentage of children under 5 years of age wasted; household dietary diversity score

2.5 Increased access to integrated, inclusive and sustainable social protection services for vulnerable groups.

Indicators: percentage of national budget allocated or spent on social protection programmes; proportion of vulnerable population receiving social protection support; proportions of schools and early childhood development centres benefiting from school meals; national capacity index for resilience, school meals and nutrition

UNICEF Strategic Plan 2014-2017:

- Improved and equitable use of high-impact maternal and child health interventions from pregnancy to adolescence and promotion of healthy behaviours
- Improved and equitable use of proven HIV prevention and treatment interventions by children, pregnant women and adolescents
- Improved and equitable use of safe drinking water, sanitation and healthy environments, and improved hygiene practices
- Improved and equitable use of nutritional support and improved nutrition and care practices
- Improved learning outcomes and equitable and inclusive education
- Improved and equitable prevention of and response to violence against and the abuse, exploitation and neglect of children
- Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Children and women have access to and utilize improved and equitable quality maternal and child health services, learn and practise healthy behaviours	Percentage of women having four antenatal visits Baseline (2013): 77.6% Target: 85%	DHS/MICS	A strengthened PHC system provides equitable and quality maternal and child health services for all girls, boys and women. Communities acquire positive behaviours and demonstrate enhanced demand for health services, with a particular focus on the neonatal period. Community-level capacities are strengthened to deliver quality maternal and child health services.	Ministry of Health and Social Welfare UNFPA WHO NGOs/civil society organizations (CSOs)	1 500	2 000	3 500
	Percentage of births delivered in health facilities Baseline (2013): 62.6% Target: 75%	DHS/MICS					
	Percentage of children under 1 year of age receiving DTP-containing vaccine at the national level Baseline (2013): 86.2% Target: 95%	DHS/MICS					
	Percentage of children (0-59 months) with symptoms of pneumonia taken to an appropriate health provider Baseline (2013): 68% Target: 80%	DHS/MICS					
Children, adolescent girls and women, especially the most vulnerable, realize their rights and utilize equitable and quality nutritional services and nutrition and care practices.	Percentage of children (6-59 months) wasted Baseline (2015): 10.3% Target: 8.2%	SMART survey	The national nutrition system is strengthened with the capacity to respond to shocks and meet community needs in providing equitable and quality nutrition services. Caregivers in supportive communities practice optimal nutrition and care practices for children, with a particular focus on recognizing and treating severe acute malnutrition.	National Nutrition Agency Ministry of Health and Social Welfare WFP FAO NGOs/CSOs	853	2 412	3 265
	Percentage of children (0-5 months) who are exclusively breastfed Baseline (2013): 47% Target: 52%	DHS/MICS					
	Percentage of children (6-23 months) provided with minimum dietary diversity	DHS/MICS					

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Baseline (2013): 10.6% Target: 25%						
Children and their families have improved and equitable access to and utilize safe drinking water and sanitation services and adopt improved hygiene practices and behaviours.	Proportion of the population using an improved source of drinking water Baseline (2013): 89.6% Target: 95%	DHS/MICS	National policies, effective financing, coordination and accountability for WASH and local capacities for service delivery are strengthened, including during humanitarian situations. Caregivers and communities use safe drinking water and adopt adequate sanitation and good hygiene practices.	Department of Water Resources Ministry of Health and Social Welfare Ministry of Basic and Secondary Education NGOs/CSOs	710	1 840	2 550
	Proportion of the population practising open defecation Baseline (2013): 1.8% Target: 0%	DHS/MICS					
	Percentage of primary schools that have WASH facilities meeting national standards Baseline (2015): 82% Target: 95%	Educational Management Information System (EMIS)					
	Percentage of households handwashing with soap and water Baseline (2013): 10.1% Target: 20 %	DHS/MICS					
The child protection system is equipped to minimize and respond to violence against and the abuse and exploitation of children.	Percentage of children (2-14 years) who experience violent disciplinary practices by an adult member of the household Baseline (2010): 90.3% Target: 80%	DHS/MICS	The child protection institutional framework is strengthened, including through increased budgetary allocations. Prevention and response services are enhanced to provide equitable and quality protection services to all children.	Department of Social Welfare Ministry of Health and Social Welfare Ministry of Justice Ministry of the Interior UNFPA	1 250	3 563	4 813
	Percentage of girls (0-14) years undergoing FGM/C Baseline (2010): 42.4%	DHS/MICS					

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Target: 30%		Families and communities reduce the incidence of violence and harmful traditional practices affecting children.	NGOs/CSOs			
	Percentage of children under 5 years of age whose birth is registered Baseline (2013): 72.0% Target: 90%	DHS/MICS					
	Percentage of women (20-24 years) married before age 18 Baseline (2013): 30.4% Target: 20%	DHS/MICS					
An inclusive education system is equipped to provide comprehensive early childhood education to all children, in conjunction with health, nutrition and protection interventions, and to ensure the rights of all children to an appropriate quality education.	Gross enrolment ratio in pre-primary education Baseline (2015): 45.4% Target: 70%	EMIS	All children aged 0 to 6 years benefit from formal and informal quality early learning opportunities for enhanced school readiness. Children excluded from mainstream education, including those affected by humanitarian situations, exercise their right to an appropriate quality and inclusive education.	Ministry of Basic and Secondary Education Gambia Teachers Union NGOs/CSOs	1 000	2 250	3 250
	Percentage of trained ECD teachers/facilitators Baseline (2015): 49.2% Target: 70%	EMIS					
	Percentage of children out of school Baseline (2010): 26% Target: 15%	United Nations Educational, Scientific and Cultural Organization Institute for Statistics Study data on out-of-school children					
	Percentage of government expenditures allocated for education Baseline (2014):15%	National budget estimates					

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Target: 20%						
The most vulnerable children benefit from an inclusive national social protection system.	Public social protection expenditure for children as a percentage of the gross domestic product Baseline (2015): 0% Target: 0.5%	National budget estimates	The most disadvantaged and excluded children and women have access to a minimum social protection floor.	National Assembly Ministry of Health and Social Welfare Ministry of Finance and Economic Affairs	375	2 500	2 875
There is a coherent, integrated and well-coordinated programme.	UNICEF programme maintains direct cash transfers of 6 to 9 months at ≤ 5% Baseline (2015): 0% Target: 0%	Harmonized approach to cash transfers	UNICEF staff and partners are provided guidance, tools and resources to effectively design and manage programmes. UNICEF staff and partners are provided tools, guidance and resources for effective communication on child rights issues with stakeholders. UNICEF staff and partners are provided guidance, tools and resources to effectively plan and monitor programmes and for effective advocacy and partnerships on child rights issues with stakeholders.	Other United Nations agencies UNICEF regional office UNICEF headquarters All country office implementing partners	3 227	175	3 402
Total resources					**8 915**	**14 740**	**23 655**